EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	D. Did you, your spouse, or your dependent child have any reportable Yes Wo No liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Wo reporting period?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	New Officer or Employee Staff Filer Type (If Applicable):  Employing Office: Shared Principel Assistant	New Member of or Candidate for State: 1/2  U.S. House of Representatives District: 2  FILER  Candidates - Date of Election:	Name: SAM Jet だ10 (KH) Daytime Telephone	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Members
spouse or dependent child because they meet all three tests for Yes	her "excepted trusts" need not be disclosed. Have you excluded  Yes No	- ANSWER BOTH OF THESE QUESTIONS	HEDULE IF YOU ANSWER "YES"  THAT YOU ARE REQUIRED TO COMPLETE	J. Did you receive compensation of more than \$5,000 from a Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No	E. Did you hold any reportable positions during the reporting Period or in the current calendar year up through the date of filing?	TIONS	Period Covered: January 1 A \$200 penalty shall be assessed against any to individual who files more than 30 days late.	Check if Amendment (M.) (Office Use Only)	is the 18 th 10 km 1:52	FORM B FORM B FOR New Members, Candidates, and New Employees LEGISLATIVE RESOURCE CHATCHES

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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CAPIAN BANG	ACET TALLY	besieres tespic	MSZYCYLD "	VISA STOCK	ABC Hedge Fund X	Examples:	DC, Mega Cop Stock	a delailed discussion of Schedule A requireme ase refer to the Instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or jointly teeld with anyone (JT), in the optional column on the far left.	If you have a privately-traded find that is an Excepted towestnest Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, e federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	To point sind outer assistance to the time amount in all integrat-bearing accounts. If the lotal is over \$5,000, list every financial Institution where there is more than \$1,000 in Interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such es 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds "C (do not use only licker symbols).		Assets and/or Income Sources	BLOCK A
X	X	X	×	X	×	Indefinite	×	\$1-\$1,000 \$1,001-\$ \$15,001-\$ \$50,001 \$100,001 \$250,001 \$500,001 \$1,000,0 \$5,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0	15,000 \$50-000 \$100,000 -\$250,000 -\$500,000 -\$1,000,000 01-\$5,000,000 01-\$25,000,000 001-\$50,000,000		100						Column M is for assets held by your spouse or dependent. child in which you have no interest.		Value of Asset	BLOCK B
					Parinership Income	Royallies	×	TAX-DEF	GAINS ED/BLIND TRU ERRED		g., Partnership ino	ome or Farm Inco	ome)				"None" if the asset generated no income during the reporting period.	Check ell columns that apply. For accounts that generate tax-deferred income (such as 401(k), IFA, or 529 accounts), you may check the "T-x-deferred" column. Dividents, interest, and capital gales, even if rethressed, must be disclosed as Income for assets hald in taxable accounts. Check	Type of Income	SI.OCK C
					×	X	×	\$1,000,00 Over \$5,0 Spouse/T None \$1-\$200 \$201-\$1,0 \$1,001-\$: \$5,001-\$: \$50,001-\$: \$100,001 \$1,000,000 Over \$5,0	2,500 5,000 15,000 350,000 \$100,000 \$1,000,000 01-\$5,000,000 000 000 000 000 15,000					11	Current Year Preceding Year			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the oppropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was samed or generated.  "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

SCHEDULE A – ASSET	ASSETS & "UNEARNED INCOME"	Name:		Page of
ВГОСК У	BLOCK B	вгоск с	BLOCK D	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	
	,		Current Year	Preceding Year
	>> BB CC	3		IIX X X VI IIIV IIV V X XI XII
	0	ST	\$1,000,000°	\$1,000,000*
	None \$1.\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000	Spouse/DC Asset over \$1,0 NONE DIVIDENDS RENT WITEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Spec Partnership) Income or Farm	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,003,000 Spouse/DC Income aver \$1, Nane \$1-\$200 \$201-\$1,000	\$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,031-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,
SP, DC, ASSET NAME EIF	7			
RENTAL CROP	X			
MILECAND NJ				
RESTAL	X			
VINEUM) N				
	X			
Strugg.	X			
Vinter				
IRA	X	X	X	<b>X</b>

## SCHEDULE C - EARNED INCOME

Name:	
Page	
<u>s</u>	

	Name:	Pageof
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.	loyment by the U.S. government) totaling \$200 or more during the amed income exceeding \$1,000. See examples below.	the reporting period. For both the filer
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	nefits received under the Social Security Act.	

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

						_	ABC Trede Association, Bellimore, MO (July 15)  State of Maryland	Source (include date of receipt for honoraria)
						Spouse Speech Spouse Selary	Honorarium Salary	Туре
						N/A	\$0 \$20,000	o Fillng
						\$1,000 N/A	\$500 \$76,000	Amount  Preceding Yeer

#### SCHEDULE D - LIABILITIES

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pertod. New Members: Members are required to report ell liabilitles secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member), toans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor et eny time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

		SP. DC, JT		
ON CINANCIAL	Example First Bank of Wilmington, DE	Creditor		
11/10	5/98	Date Liability Incurred MO/YR		
AUTO COM	Mortgage on Rental Property, Dover, OE	Type of Liability		
		\$10,001- \$15,000	>	
X		\$15,001- \$50,000	8	
X		\$50,001- \$100,000	G	
	×	\$100,001- \$250,000	ס	
		\$250,001- \$500,000	rrs	moun
		\$500,001- \$1,000,000	ਜ ਜ	Amount of Liability
		\$1,000,001- \$5,000,000	o.	ability
		\$5,000,001- \$25,000,000	Ξ	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000	<u> </u>	
		Over \$1,000,000* (Spouse/DC Liability)	<b>&gt;</b>	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representetive, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); end positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year end two previous years.

AL NO SOCITIONS	ーショう つかも ママー
KUS INVESTMENTS	PAGNER
BELVEDENE PROPERTIES	OWNER
	Best Billy PP
FRARUL PROPATIES	MARTHA
Name of Organization	Position

### SCHEDULE F - AGREEMENTS

Name:	
Pageof	

Identify the date, parties to, and general terms of any agreement or errangement that you have with respect to: future employment; a leeve of ebsence during the period of government service;
continuation or deferral of payments by a former or current employer other then the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former
employer.

			Date
			Parties to Agreement
			Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule C.

Accounting Services	Doe Jones & Smith, Hometown, Homestate	Example:
Brief Description of Duties	Source (Name and City/State)	